## **REQUEST FOR VERIFICATION OF** NOTICE OF INTENT TO CLAIM PATERNITY (FEE REQUIRED)

## PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY

VITAL RECORDS REQUESTS VITAL RECORDS RUSH

PO Box 30721

Lansing MI 48909

PO Box 30721

Lansing MI 48909

PLEASE TYPE OR PRINT CLEARL	Y AND LEGIBLY		Additional Info: 517-335-8666	i
Person Requesting the Record				
Agency Name (If applicable)				
Mailing Address				
City/State/Zip Code				
Daytime phone to contact person requesting if more information is needed to locate the record:	Area Code & Phone	Number:	( ) Ext	
APPLICANT'S SIGNATURE: (Sig Must be signed in order to process. Michigan vital records. This does no	By signing this applica	tion, I und d will be fo	derstand that I am agreeing to pay for a search of the Stound.	ate of
	r has not been filed in the	State Vital	e of Intent to Claim Paternity will be returned to you indicating I Records office. State law (MCL 333.2891(4)(f)) requires a n is required for each request.	
NOTICE OF INTENT TO CLAIM PATE	RNITY REQUESTED		FOR MDHHS USE ONLY – DO NOT WRITE IN THIS A	REA
CHILD'S NAME:			A SEARCH OF THE STATE OF MICHIGAN VITAL RECO	ORDS
First Middle	Last		☐ A Notice of Intent to Claim Paternity <b>has not</b> been fil	ed
CHILD'S DATE OF BIRTH:			☐ A Notice of Intent to Claim Paternity <b>has</b> been filed.	
Month Day	Year		Reviewed by:	
CHILD'S PLACE OF BIRTH:			Date:	
City County	Hospital (If Known)		METHOD OF PAYMENT - Payment must be made in U funds by check or money order payable to the "State Michigan" for mail or counter requests. In addition, or	of ash
PARENT/MOTHER'S MAIDEN NAME	:		or a credit card can be used for counter requests. No checks if same-day service is requested.	)
First Middle	Last		Each Verification Search (Non-Refundable) \$	18.00
PARENT/FATHER'S NAME:	Last		* <b>EXPEDITED SEARCH</b> Add \$12.00 (In addition to the regular search fee)	
			PAYMENT TO "STATE OF MICHIGAN" TOTAL: \$	
First Middle	Last			
F REGULAR SEARCH: IF E	XPEDITED SEARCH:		Please specify how you would like your reply:  Mail	

DCH-0569-VERICP Rev 8-19

Fax